



Child and Adult Care Food Program (CACFP) for Early Care and Education (ECE) Settings: Gap Analysis

Nevada Division of Public and Behavioral Health

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EXECUTIVE SUMMARY

Nutrition and food security are critical to health, especially for young children with rapidly developing bodies and minds. Licensed childcare providers have an opportunity to influence the food choices of young children by exposing them early to nutritious, healthy meals in the Early Care and Education (ECE) setting. In Nevada, the Child and Adult Care Food Program (CACFP) is recommended to assist childcare settings to improve childhood nutrition and prevent obesity. CACFP provides reimbursement for healthier meals and snacks served in licensed childcare settings. However, Nevada has low CACFP enrollment rates, ranking among the lowest in the country.¹

The two (2) primary objectives for conducting this project were:

1. Determine factors affecting Nevada's rate of ECE providers participating in CACFP, and
2. Identify opportunities to enhance Nevada's participation in CACFP based on data obtained from the ECE provider community.

The study used two (2) data collection methods to address these objectives:

1) key informant interviews and 2) a statewide survey. Eleven (11) key informants associated with the childcare field were interviewed in September 2018, and four (4) additional key informants from the regulatory agencies governing food service in ECE settings were interviewed in October 2018. The statewide survey targeting all licensed Nevada ECE programs was conducted from September 2018 to November 2018. Surveys were received from 212 childcare programs, representing 20.9% of licensed childcare providers in Nevada. The key informants and survey respondents highlighted critical issues in the under-use of CACFP in Nevada's ECE settings. These critical issues included administrative requirements, knowledge of CACFP, food permit regulations, financial concerns, food preparation, and rural access. Opportunities for improving participation include streamlining administrative requirements, conducting community education campaigns, reviewing and standardizing food permit regulations, and creating innovative approaches to incentivize CACFP participation, especially in rural areas. Strategies for improvement were identified to address these critical issues.



¹ Henchy, R.R. (2017) *Child & Adult Food Program: Participation Trends 2016*. Washington, DC: Food Research and Action Center.

A Steering Committee developed specific actions to assist Nevada's ECE programs to enroll and access CACFP to provide healthy and nutritious food to young children, prevent obesity, and help ECE programs recover the cost of providing nutritious meals. It was also recognized partnerships and collaboration are essential components of any strategic approach to improving Nevada's ECE participation in CACFP. By implementing the strategies for improvement, partners across Nevada can help provide young children in childcare healthy and nutritious food, prevent obesity, and be more financially sustainable.



INTRODUCTION

The Nevada Obesity Prevention and Control Program (OPCP), housed within the Division of Public and Behavioral Health (DPBH) Bureau of Child, Family and Community Wellness (CFCW), implements evidence-based strategies to create a culture of obesity prevention in Nevada by changing obesity-related behaviors, aiming to curtail/reduce child and adult obesity in Nevada. Specifically, the OPCP works with various statewide stakeholders to implement and support strategies to alter the physical and social environment, including enhancing healthy eating options and standards in Early Care and Education (ECE) programs.

Childhood obesity is a multifaceted, dynamic public health issue impacted by the child's individual behaviors, their physical environment, social environment and influences, and economic environment.² According to the 2017-2018 Kindergarten Survey, one-third of Nevada children entering kindergarten in Fall 2017 were considered overweight or obese, with 21.2% of those children considered obese and the percentage of obese youth entering kindergarten steadily increasing.³ Furthermore, even in children entering kindergarten, engaging in unhealthy behaviors such as not being physically active, engaging in higher amounts of screen time, and demonstrating poorer nutrition patterns was linked with a greater percentage of children being obese. Those engaging in healthier behaviors were more likely to be at healthy weights and less likely to be obese. Additionally, the survey found, "compared to the median income listed for Nevada (\$55,180), 49.3% of respondents indicated an annual household income below \$45,000."⁴ Low-income households are more likely to be food insecure, a factor linked to childhood obesity risk.

Healthy eating and food security are critical to better health. In Nevada, too many children are food insecure. The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life.⁵ While Nevada has experienced a decline in food insecurity in recent



² The National Academies of Sciences Engineering Medicines. (2004). *Children's Health, the Nation's Wealth: Assessing and Improving Child Health*. Washington, DC: The National Academies Press.

³ Nevada Institute for Children's Research & Policy. (2018). *Health Status of Children Entering Kindergarten in Nevada*. Las Vegas: University of Las Vegas, Nevada, School of Community Health Sciences.

⁴ Ibid.

⁵ Retrieved on January 27, 2019 from: <https://hungerandhealth.feedingamerica.org/understand-food-insecurity/>

years, 22.4% of Nevada children remain food insecure.⁶ CACFP enrollment in ECE programs is used as a strategy for combatting and preventing childhood obesity and food insecurity.⁷ CACFP is a federally-funded program that provides reimbursement for healthy meals and snacks for income-eligible individuals. For children, ECE programs are generally eligible to apply for the program and some may receive higher reimbursement rates if they serve low-income children.⁸ Children attending ECE programs enrolled in CACFP have been shown to eat more nutritious meals compared to those not in CACFP.⁹ Additionally, the Food Research and Action Center (FRAC) has shown CACFP helps in reducing food insecurity.¹⁰

Nevada has low CACFP enrollment rates, ranking among the lowest in all 50 states.¹¹ Low participation in federal food programs, including CACFP, means food is literally “left on the table” when it could be provided to Nevada’s food-insecure children and adults.

FRAC research indicates food-insecure and low-income individuals face unique challenges that can make it difficult to eat healthy/nutritious meals and maintain a healthy weight.¹² Challenges include limited resources and lack of access to healthy, quality, affordable foods (e.g., lack of full-service grocery stores, less reliable transportation for regular food shopping, greater availability of fast food restaurants), cycles of food deprivation and overeating, high levels of stress, anxiety, and depression, and greater exposure to marketing of obesity-promoting products.¹³

“CACFP provides aid to child and adult care institutions and family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children, and the health and wellness of older adults and chronically impaired disabled persons. Through CACFP, more than 4.2 million children and 130,000 adults receive nutritious meals and snacks each day as part of the day care they receive.”

Retrieved on 5/11/2018 from: <https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>

⁶ Save the Children. (2018). *Growing Up Rural in America*. Fairfield, Connecticut: Save the Children Federation, Inc.

⁷ Report to Congress: Reducing Paperwork in the Child and Adult Care Food Program, (2015). Retrieved on January 7, 2018 from: https://www.cacfp.org/files/8814/5838/6076/CACFP_Paperwork_Report.pdf

⁸ Retrieved on January 7, 2019 from <https://eceobesityprevention.org>.

⁹ Larson N. Ward DS. Neelon SB.e.a. (2011) What Role Can Child-Care Settings Play in Obesity Prevention? A Review of the Evidence and Call for Research Efforts. *Journal of the American Dietetic Association*, 111: 1343-1362.

¹⁰ Heather Hartline-Grafton, D.R. (2015). *Understanding the Connections: Food Insecurity and Obesity*. Washington, DC: Food Research & Action Center.

¹¹ Henchy, R. R. (2017). Child & Adult Care Food Program: Participation Trends 2016. *Washington, DC: Food Research and Action Center*.

¹² Why Low-Income and Food Insecure People are Vulnerable to Poor Nutrition and Obesity. Retrieved on January 7, 2019 from: <http://frac.org/obesity-health/low-income-food-insecure-people-vulnerable-poor-nutrition-obesity>

¹³ Hartline-Grafton, (2015).

According to the Nevada Department of Agriculture (NDA), 42 ECE programs (not including Head Start) were enrolled in CACFP as of January 26, 2018.¹⁴ Therefore, as part of Nevada's obesity prevention efforts to enhance access to healthy/nutritious meals in the ECE environment, the OPCP sought to understand Nevada ECE program CACFP enrollment, use, barriers, and limitations. Understanding the barriers to participation will allow the OPCP to determine how to address them, increase CACFP use, and improve obesity prevention efforts among Nevada's youth population. Understanding the Nevada ECE program perspective will position OPCP to take actions to increase overall use and will ultimately lead to improved health outcomes.

The two (2) primary objectives for this project were:

1. Determine factors affecting Nevada's ECE programs participation in CACFP, and
2. Identify opportunities to enhance Nevada's participation in CACFP based on data obtained from the ECE program community.

Additional State Objectives

The CACFP for ECE Gap Analysis primary objectives support the following Supplemental Nutrition Assistance Program Education (SNAP-Ed) state priority objectives:

- Assist Nevadans in gaining access to healthy foods and beverages
- Increase daily fruit and vegetable consumption



In addition, this analysis aligns with priorities of the Nevada

SNAP-Ed program, activities within the Nevada Governor's Council on Food Security (GCFS) *Food Security in Nevada: Nevada's Plan for Action*, and the Early Childhood Obesity Prevention State Plan, developed by the Early Childhood Obesity Prevention Steering Committee. Partners, including The Children's Cabinet, Children's Advocacy Alliance, and the Nevada Institute for Children's Research and Policy, support this project and are eager to use the outcomes to enhance evidence-based CACFP implementation efforts. Understanding how to increase Nevada ECE providers' enrollment in CACFP will help partners increase evidence-based nutritional supports in ECE programs statewide.

¹⁴ Key informant interview information provided by the Nevada Department of Agriculture, 2018 via private correspondence.

METHODOLOGY



As part of Nevada's obesity prevention efforts to enhance access to healthy/nutritious meals in the ECE environment, DPBH and the Chronic Disease Prevention and Health Promotion Section's (CDPHP) OPCP sought to understand factors impacting the enrollment of Nevada's ECE programs in CACFP. Understanding barriers, challenges, and limitations influencing participation rates in CACFP would allow the Obesity Program to determine how best to address these challenges, increase CACFP use, and improve obesity prevention efforts among Nevada's child and youth population.

DPBH contracted with Social Entrepreneurs, Inc. (SEI) to conduct a CACFP ECE Gap Analysis to identify barriers to enrollment and offer recommendations for increasing CACFP participation in ECE programs. A final report was developed by SEI, with funding from Nevada SNAP-Ed, outlining the findings of the analysis and key strategies for improvement.

A Steering Committee was convened, comprised of various cross-sector partners with an interest in efforts to prevent childhood obesity by improving CACFP participation among Nevada's ECE programs. The Steering Committee included representation from DPBH, (OPCP, CFCW-CDPHP, and Regulatory and Planning Services), the Division of Welfare and Supportive Services (DWSS), NDA Food and Nutrition Program, advocacy organizations, childcare subsidy administrators, and state and county childcare licensing agencies.

The Steering Committee recognized the need to engage a variety of stakeholders to determine the strengths and challenges associated with ECE CACFP use and to recommend strategies to enhance participation. Two (2) data collection methods were used to accomplish this goal:

- 1) Key informant interviews were chosen as a method for actively soliciting input from experts in the field and community partners.
- 2) A statewide survey targeting all licensed ECE programs in Nevada was conducted from September 17, 2018 to November 15, 2018.

Key Informant Interviews

Key informant interviews were conducted to gather insight regarding critical issues affecting ECE CACFP participation. Barriers, challenges, and system strengths and weaknesses were the focus of the interviews.

Eleven (11) individuals identified as having specialized knowledge about Nevada ECE CACFP participation were contacted to participate in either an in-person or telephone interview. The Steering

Committee developed the initial interviewee contact list comprised of state agency officials and stakeholders. Specific key informant affiliation information is outlined in the table below. Steering Committee members also assisted with key informant recruitment and provided a “warm-handoff” to SEI staff, who followed up to schedule interviews directly.

The research team developed open-ended key informant questions. Key informant questions were reviewed and approved by the Steering Committee prior to interviews being conducted and were specifically related to critical issues associated with ECE CACFP participation. In September 2018 ten (10) key informant interviews were conducted in-person (10) and one (1) via telephone. Each interview lasted between 45 and 60 minutes. While notes were taken during each interview, all interview participants were assured no response would be attributed to a specific key informant. Key informant questions can be found in Appendix B. The information extrapolated from the interviews has been aggregated and summarized for this report.

Key informants suggested staff from the four (4) regulatory agencies responsible for permitting food service in ECE settings be interviewed to gather their perspective on health regulations and the food service permitting process for ECE settings. Four (4) environmental health professionals were interviewed in October 2018 from Nevada DPBH Regulatory and Planning Services, Carson City Health and Human Services Disease Control and Prevention, Washoe County Health District, and the Southern Nevada Health District. Each of the environmental health professionals interviewed had significant experience working with ECE programs serving food, from 10 to 24 years.

Survey

The statewide survey of Nevada’s ECE programs provided a confidential and convenient mechanism to gather the perspective of providers in home, group, and center locations.

Private and public ECE programs throughout Nevada speaking either English or Spanish were recruited to participate in the ECE CACFP Gap Analysis survey. To populate the universe of programs to be surveyed, updated ECE program lists were provided by the Children’s Cabinet and the Las Vegas Urban League. These lists combined to form a statewide master provider list of more than 1,100 ECE programs. Based on experience with other surveys in Nevada, the team devised a multi-modal recruitment approach for publicizing, issuing, and following-up to promote survey participation by ECE programs on the master list.

KEY INFORMANT AFFILIATION

- ✓ Child Care Subsidy Provider (2)
- ✓ Child Advocacy
- ✓ Child Care Quality Trainer
- ✓ State Nutrition Program Staff
- ✓ Child Care Licensing Agencies (2)
- ✓ Food Banks (2)
- ✓ Child Care Director
- ✓ CACFP Technical Assistance Provider

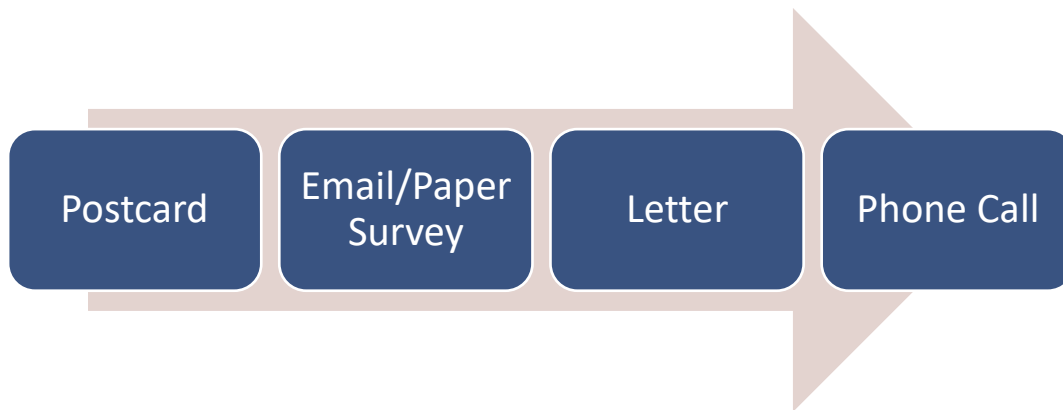


Figure 1: Survey Recruitment Process

All programs on the master list were first provided advanced notification via postcard of the forthcoming survey, which would be emailed within the next ten (10) days. The goal of advanced notification was to help increase participation. Next, an electronic survey link and fillable PDF attachment was sent to every ECE program with an identified email address. ECE programs listed as primarily Spanish-speaking were sent an email with a link to a Spanish survey. Programs without a functioning email address were sent a paper version of the survey, along with a self-addressed stamped envelope to facilitate its return. In addition to the initial email with the survey attachments sent the week of September 17th, three (3) subsequent emails with attached surveys were sent on three (3) different occasions through November 1, 2018 to ECE programs which had not yet responded.

Additionally, in October 2018, to encourage survey completion, promotional language about the survey suitable for posting on listservs and websites frequented by Nevada's ECE providers was sent to key informants and Steering Committee members for distribution. To reach the desired goal of a 20% response rate from the identified ECE programs in Nevada, a final effort was made to promote survey completion in Clark County. Steering Committee members made phone calls and/or visited programs which had not yet responded, hand-delivering the survey to encourage completion.






To incentivize programs to participate, each completed survey was entered into a drawing to win an Amazon gift card. One gift card was awarded for every 25 surveys received. Once surveys were issued, the research team tracked completion rates and coordinated with the Steering Committee on additional engagement activities to increase/incentivize participation. The most effective outreach activity was repeated emails announcing gift card recipients paired with encouraging ECE programs to complete the survey.

The survey closed on November 15, 2018. All duplicate or partially-completed surveys were removed from the database and the total number and finalized list of programs contacted was determined.

SUMMARY OF KEY INFORMANT INTERVIEWS

Results from key informant interviews are summarized below according to question topics: 1) ranking program elements and use, 2) strengths and weaknesses of CACFP, 3) barriers to enrolling in and accessing CACFP, 4) geographic differences requiring additional attention, 5) differences among childcare types, 6) regulatory agency key informant results, and 7) strategies and opportunities to enhance CACFP use by ECE programs.

Key informants were asked to rank the importance of CACFP program elements on a Likert scale of 1 to 5 (1 = not important, 2 = somewhat important, 3 = neutral, 4 = important, and 5 = very important). The responses are averaged and ranked, beginning with those perceived as most important.

CACFP Program Element		Average Ranking from Key Informants
	Providing nutritious meals and snacks to all children in an ECE setting.	4.8
	Setting an example of how to provide nutritious meals and snacks for parents as a prevention mechanism for child obesity.	4.8
	Making sure children, including those from low-income families, have access to healthy meals and snacks during their enrollment in ECE settings.	4.7
	Making sure children have access to nutritious foods that contribute to the wellness, healthy growth, and development of young children.	4.5
	Assisting ECE settings in recouping the cost of providing nutritious meals and snacks.	4.5

Key informants were asked how well they think Nevada's ECE programs are using CACFP, using a similar Likert scale of 1 (not used well) to 5 (used very well). Responses ranged from 1 to 4, averaging 2.05 overall, with informants mentioning the lack of knowledge about CACFP and a confusing enrollment process as likely contributing factors to the under-use of CACFP in Nevada ECE programs.

Major Program Challenges

Key informants reported the **major challenges** in using CACFP in Nevada's ECE settings centered on the following topics:

Paperwork and Program Administration

The paperwork associated with daily tracking of children and meals can seem overwhelming to ECE program staff. The programs also reported dislike collecting financial statements from parents and had concerns about the reimbursement process.

Staffing Issues

ECE programs sometimes need more administrative and kitchen staff to effectively implement CACFP.

Regulatory Concerns

There is a lack of alignment between governmental agencies regarding regulations for preparing and serving food, and many home-based programs perceive the home inspections as intrusive.

Food Preparation Issues

The lack of commercial kitchens and other equipment to prepare food is a challenge, as is following menus and addressing parental food requests.

Rural Challenges

Rural areas of Nevada often lack access to affordable healthy food.

Program Strengths

Key informants identified **strengths** of CACFP that could be used to enhance the operation of the program, characterized by the following topics:

Improvement of Paperwork Requirements and Training/Technical Assistance

Administrative requirements have been streamlined in recent years and ECE programs participating in CACFP have received significant education about healthy eating for children.

Menu Planning and Nutritious Meals

CACFP keeps providers organized in menu planning and focused on serving nutritious meals for more children.

Financial Assistance from CACFP Reimbursements

Key informants identified financial assistance from CACFP reimbursements as a strength since Nevada ECE programs using CACFP receive a significant financial benefit.

Program Sponsors

Staff from program sponsors were described as very helpful in providing help and training on CACFP requirements.

Enrollment Barriers

Responses to the key informant questions were solicited from those interviewed regarding CACFP enrollment **barriers** faced by Nevada's ECE programs, summarized by the following topics:

Lack of Knowledge about CACFP and Enrollment Requirements

Nevada's ECE programs often do not have sufficient knowledge about CACFP.

Application Process

ECE programs lack the administrative support needed to complete the CACFP enrollment process. Also, the enrollment process is confusing and can take two (2) to three (3) months.

Financial Considerations

ECE programs may not be able to wait for reimbursement and need start-up funding to cover equipment, space, and staffing costs necessary to begin CACFP participation.

Financial Viability and Inspection Requirements

The requirements of determining parental financial viability hinders ECE programs' decisions to enroll in CACFP, because ECE programs are sometimes reluctant to collect parental income statements and program inspections are perceived as intrusive.

Training and Technical Assistance for ECE Programs

The learning curve is steep for ECE programs, especially around foods eligible for reimbursement, menu and meal guidelines, and tiering. Tiering is a payment rate established for programs based on census data specific to income and geographic location. Tiering focuses resources on low-income areas.

Access Barriers

Key informants reported the major barriers to Nevada ECE programs **accessing** CACFP, as follows:

Paperwork and Program Administration

Smaller programs have a general lack of awareness about CACFP requirements and lack computers or scanners to submit paperwork for reimbursements.

Staffing Issues

ECE programs lack administrative support to assist with required paperwork and tracking.

Regulatory Concerns

Regulations regarding food preparation and service can be cumbersome and difficult to implement, especially for ECE programs serving primarily low-income families.

Food Preparation Issues

ECE programs often need additional kitchen space and equipment as well as training regarding menu requirements and associated paperwork.

Rural Challenges

Rural ECE programs face additional barriers accessing CACFP related to travel to an urban area and time to buy affordable food, obtaining required equipment, and finding additional storage space. Rural ECE programs also require additional assistance with administrative tasks.

Key Informant Interview Results with Regulatory Agencies

Interviews conducted with key informants from the regulatory agencies enabled Steering Committee members to better understand the barriers related to Nevada's low participation in CACFP. Each of the four (4) regulatory agencies recognize the authority of NRS 446.941 regarding "childcare facilities with limited menus." The statute is provided below.

NRS 446. 941 Inapplicability of certain regulations to childcare facilities with limited menus.

1. Any regulation adopted by the State Board of Health or a local board of health pursuant to [NRS 446.940](#) that establishes a standard for the construction of a food establishment or the equipment required to be present in a food establishment does not apply to any childcare facility that limits its menu to:
 - (a) Food that does not constitute a potential or actual hazard to the public health; and
 - (b) Potentially hazardous food that has been:
 - (1) Commercially prepared and precooked; or
 - (2) Pasteurized, regardless of whether the childcare facility includes a kindergarten.
2. As used in this section:
 - (a) "Childcare facility" includes:
 - (1) A childcare facility licensed pursuant to [chapter 432A](#) of NRS; or
 - (2) A childcare facility licensed by a city or county.
 - (b) "Kindergarten" means a program of education for children who are 5 and 6 years of age which is:
 - (1) Licensed to operate as such pursuant to [chapter 394](#) of NRS or which is exempt from licensure pursuant to [NRS 394. 211](#); and
 - (2) Located on the premises of a childcare facility.

(Added to NRS by [2003, 594](#); A [2009, 1013](#))

Interviews revealed interpretation of this statute varies from one regulatory agency to another as to whether a food indeed constitutes a "potential or actual hazard to the public health." The two (2) regulatory agencies serving a primarily rural area rarely issue food permits to ECE programs since few reach the level where a commercial kitchen is required, and thus a permit. Both these agencies do provide guidance to ECE programs and suggest training for those that handle food. The two (2) regulatory agencies serving primarily urban areas take a more involved approach to food service in ECE

settings and have written extensive local regulations regarding the sanitation and safety of childcare facilities.

Cost for Food Service Permits

Food service permits for ECE programs vary widely depending upon the regulatory jurisdiction. Current fees are listed in the chart below for comparison purposes.

Carson City Health and Human Services	\$ 75
Southern Nevada Health District	\$ 121
State of Nevada, Division of Public and Behavioral Health	\$ 166
Washoe County Health District Support Kitchen (non-commercial)	\$ 401

Each representative from the four (4) regulatory agencies indicated enthusiasm for joining a statewide peer work group to review NRS 446.941 and regulations promulgated by the urban counties to determine if any changes to the statute are warranted and if consistent statewide standards can be adopted. One regulator indicated there is a lot of “middle ground” and more feasible options are needed. All agreed promoting healthy food for children, while also protecting public health, is an important goal.

Geographic and Demographic Differences

Key informants were asked about geographic and demographic differences related to CACFP use in Nevada’s ECE programs. The major geographic difference noted was the lower participation rate in rural areas of Nevada. This was attributed to travel time, long distances, cost of food, and there being fewer licensed childcare providers in isolated rural areas. Another geographic/demographic difference noted was CACFP participation is higher in Las Vegas, presumably due to more low-income children residing there who are in childcare in at-risk neighborhoods. Other demographic differences noted by the key informants revolved around income, culture, and a general lack of nutrition education in all income levels.

Challenges by Provider Type

Key informants were asked to reflect on challenges preventing particular provider types from using CACFP in Nevada's ECE settings. Challenges for childcare centers include competing priorities in large centers and health permit requirements perceived as "all or nothing." Challenges for family childcare providers and Family Friends and Neighbors (FFN) programs centered on daily claiming paperwork, the disruption of home inspections, and a large turnover in providers in FFN settings.

Strategies for Enhanced CACFP Use

Key informants were asked to identify potential strategies for enhancing the use of CACFP in Nevada's ECE programs. The most often-cited strategy was to **increase awareness of CACFP among ECE providers**. The second most popular strategy was to **simplify and streamline enrollment and paperwork requirements**, followed by **changing health department requirements to serve or prepare food to be specific to ECE programs instead of other types of food service**.

Other strategies for improvement mentioned **peer consultation and outreach** and **having access to a fund to purchase warming ovens and other equipment** and **a public service campaign focused on providing children with healthy food**.

Innovative ideas expressed by key informants focused on better partnerships with health department inspectors, strategies to overcome administrative barriers in enrolling in CACFP, and streamlining the daily paperwork in tracking children and meals.

Opportunities

Results of the key informant interviews indicate five (5) specific areas of opportunity that if addressed, could improve Nevada ECE CACFP participation. These opportunities are presented in the graphic on page 15.



Opportunities to Strengthen ECE Programs Using CACFP



Streamline Administrative Requirements

- Review Federal program requirements to determine if there is flexibility to address eligibility, reporting of data, tiering of reimbursements, etc.
- Review methodology of determining financial viability used in other states for potential adoption in Nevada.



Community Education Campaigns

- Conduct a public awareness campaign to promote CACFP among ECE programs.
- Engage community partners in a public education campaign about improving child nutrition, with an emphasis on CACFP in ECE settings.



Review and Standardize Food Permitting Regulations

- Consider creating a statewide work group of environmental health specialists and childcare experts to review NRS 446.941, potentially suggest changes, and incorporate best practices.
- Use the statewide work group to review county regulations and suggest consensus regulations.



Innovative Approaches to Incentivize Use of CACFP

- Create a start-up funding mechanism to assist ECE programs in acquiring needed kitchen equipment.
- Review research on shared services model.
- Encourage sponsorships in low-income areas through mapping and matches with high-performing mentor programs.



Provide Assistance to Rural ECE Programs

- Explore methods for assisting rural ECE programs to purchase healthy foods and meet other program requirements such as bulk purchasing cooperatives, partnerships with area schools, and use of state commodity program.

SUMMARY OF SURVEY ANALYSIS

A total of 1,013 ECE programs in Nevada received a CACFP in ECE Settings Survey. Completed surveys were returned by 212 ECE programs, a response rate of 20.9%.

Table 1: Response by County

County	% of surveys returned	# of surveys returned
Clark	47.64%	101
Washoe	37.26%	79
Lyon	3.77%	8
Elko	2.83%	6
Douglas	2.36%	5
Carson City	1.89%	4
Humboldt	1.42%	3
Churchill	0.94%	2
Lander	0.47%	1
Lincoln	0.47%	1
Nye	0.47%	1
Pershing	0.47%	1
Esmeralda	0.00%	0
Eureka	0.00%	0
Mineral	0.00%	0
Storey	0.00%	0
White Pine	0.00%	0
Total	100%	212

Response by County

Eighty-five percent of returned surveys were from the two (2) urban counties, Clark (48%) and Washoe (37%), as shown in Table 1. Four percent of surveys were returned from Lyon County, followed by Elko (3%) and Douglas (2%). No surveys were returned from the rural counties of Esmeralda, Eureka, Mineral, Storey, and White Pine.

Demographics of Respondents

Ninety-eight percent of respondents were female and reported a wide range of time working in childcare settings, from as little as three (3) months to as long as 42 years, with the average length of time working in the field being just over 11 years. Additionally, 76% of respondents characterized themselves as a Director (40%) or Owner (36%), while the remainder identified as being in an administrative position (12%), or a teacher or childcare provider (11%). Two (2) respondents did not provide a job title (.009%).

ECE Program Demographics

Ninety-three percent of the ECE programs surveyed were licensed.

Respondents were able to self-identify their licensing status in the survey. The types of ECE settings responding to the survey are reflected in Figure 2: Licensed Childcare Centers including Head Start, Licensed Group Family Care, Family, Friends and Neighbors (FFN), and Other. The “Other” category, as self-defined by survey respondents, included two (2) Head Start programs, two (2) public school programs, one (1) licensed children’s shelter, and one (1) program serving 15 tribal communities.

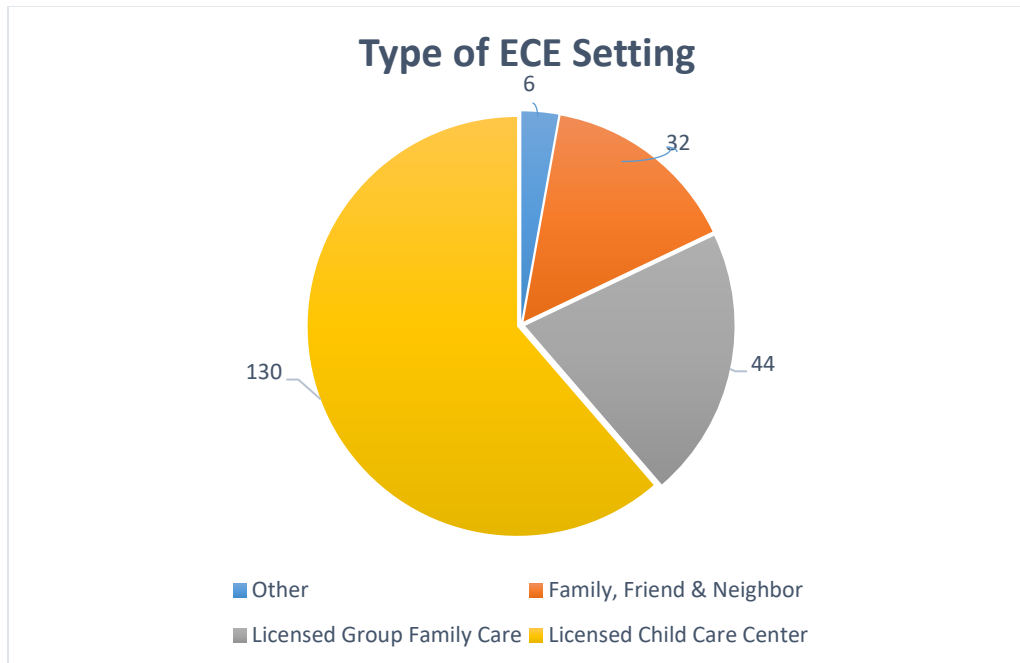


Figure 2: Type of ECE Setting

The surveys reflect a full continuum of ECE settings with as low as one (1) child in care to a high of 449 children in care in multiple settings.

Profile of Children Served

Greater than 80% of programs surveyed indicated serving young children between the ages of 0 and 5 years. Specifically, 82% of programs served children between 0-23 months, 82% served children between 24-35 months, and 87% served children between 3-5 years. Additionally, 51% of programs served children older than 5 years.

ECE programs reported varying levels of staffing, as illustrated in Figure 3, with the greatest number of programs (66) having just one (1) staff member. ECE programs with limited staff may lack the capacity to complete CACFP administrative tasks.



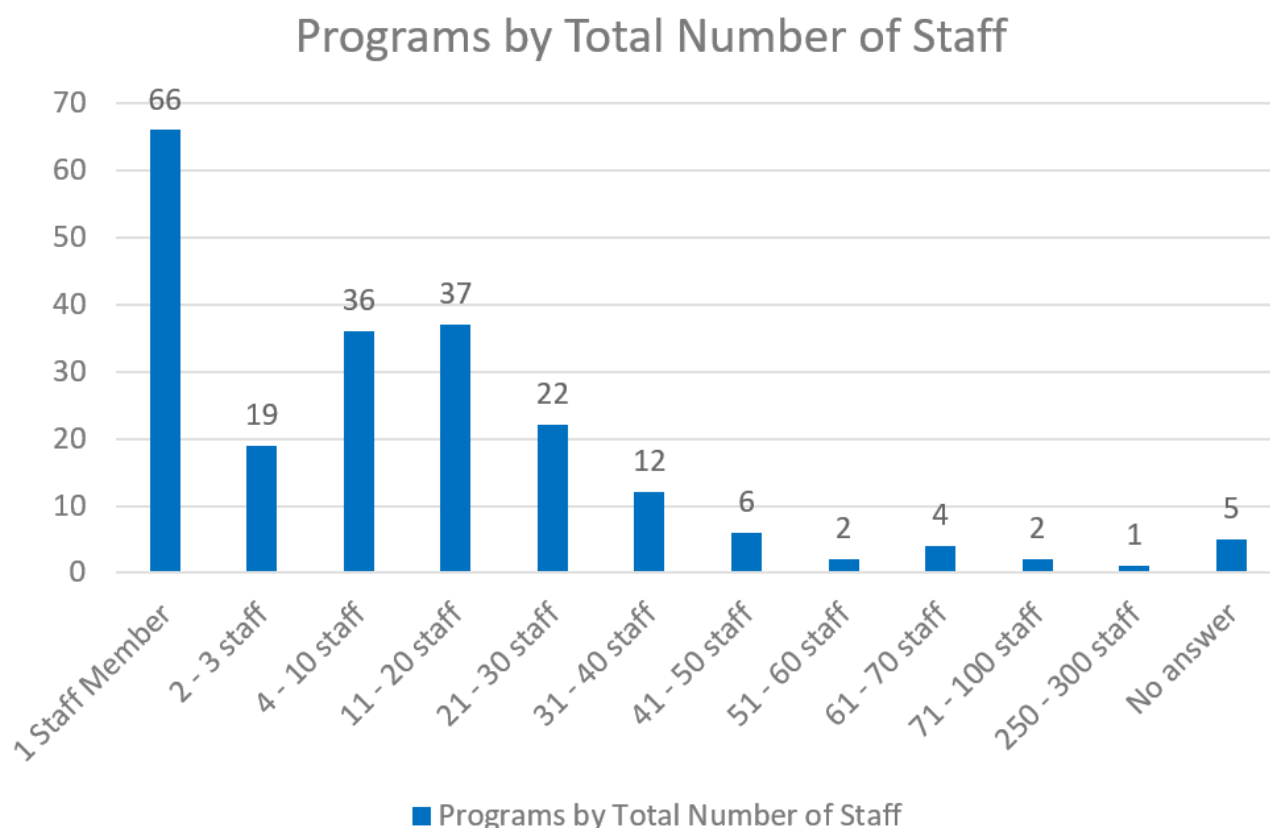


Figure 3: Number of Programs by Total Number of Staff

Eighty-seven percent of ECE program survey respondents reported providing some level of food service to the children in their care. The majority of ECE programs with a food service provide breakfast, morning snack, lunch, and afternoon snacks.

Seventy-eight percent of survey respondents were aware of CACFP, although 57% had never participated in the program. Forty percent of Nevada's ECE programs report they are currently participating in CACFP.

Perspectives of ECE Programs Currently Participating in CACFP

ECE programs currently participating in CACFP (n=75) were asked a series of questions to determine their perspectives about the barriers, challenges, and strengths of implementing CACFP. One-third of the programs reported they have been enrolled in CACFP for two (2) years or less, while 25% have been enrolled for 16 years or longer.

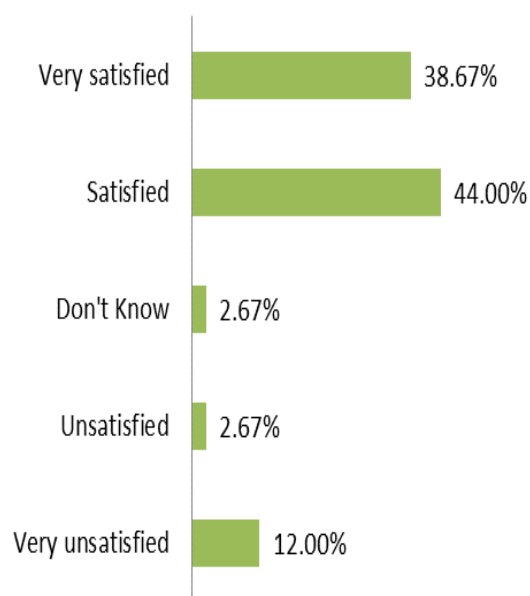


Figure 4: Participating Programs' Satisfaction

Participating Programs' Satisfaction

Participating programs were asked to rate their satisfaction with CACFP and its administration by the State of Nevada. Eighty-three percent of the childcare programs were satisfied or very satisfied with CACFP and its administration, while 15% were unsatisfied or very unsatisfied, as reflected in Figure 3.

Enrollment Challenges

Survey respondents identified the barriers and challenges of specific components of CACFP in Nevada. Surveys indicate 68% of respondents found it easy or very easy to enroll in the program, while 13% found it difficult or very difficult.

The specific challenges identified by these ECE programs are reflected in Figure 5. However, 53% (n=40) of the responding programs indicated they had not encountered any challenges when enrolling in CACFP.

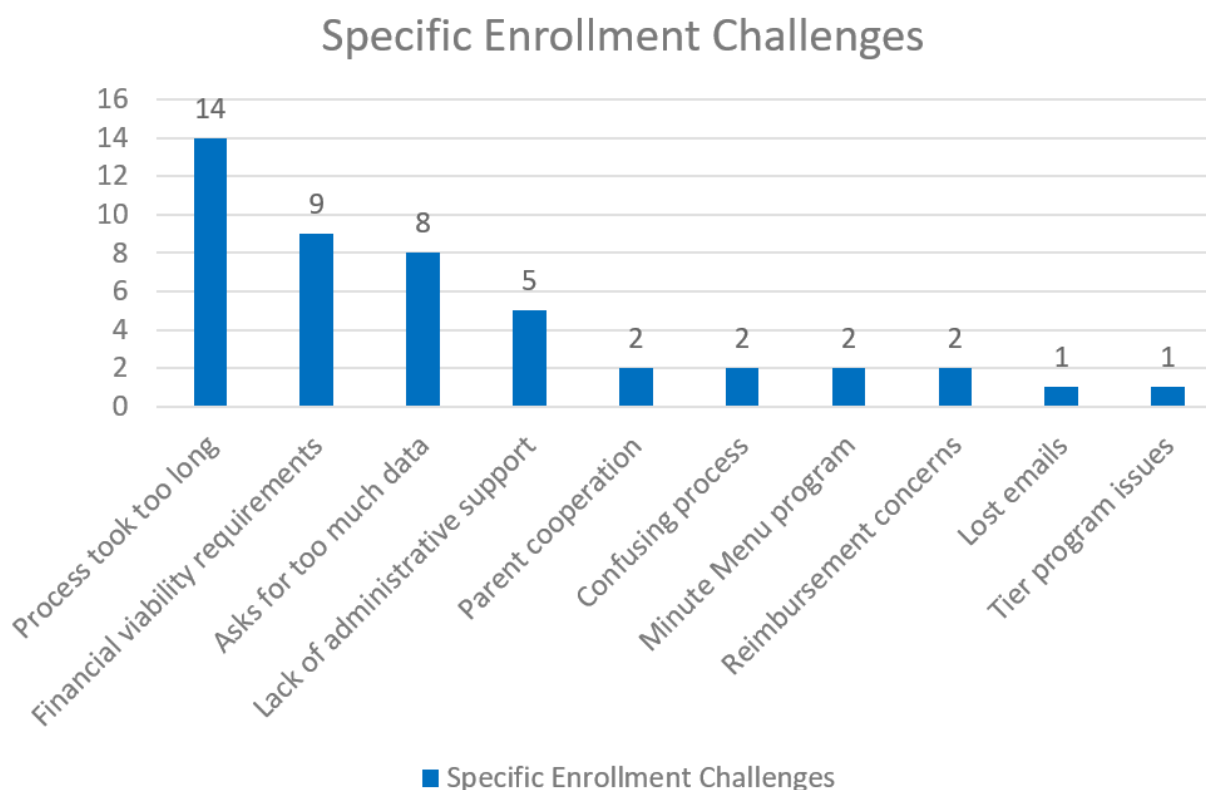


Figure 5: Specific Enrollment Challenges

Survey respondents were asked to identify all major challenges encountered when administering CACFP. Eight (8) ECE programs did not identify any challenges. However, the remaining respondents identified the CACFP operating challenges outlined in Table 2.

Table 2: Major Challenges in Operating CACFP

Major Challenges	%	#
Reimbursement/payment rate too low to cover costs	44.00%	33
Reimbursement/payment is not timely	37.33%	28
Too many rules to follow	17.33%	16
Too much paperwork to complete	24.00%	18
Not enough staff to operate the program	8.00%	6
Staff lack the skills or training to operate CACFP program	6.67%	5
Not enough children in area qualify for the CACFP program	5.33%	4
Lack the facilities for serving food	8.00%	6
Need to receive more support, guidance, training or technical assistance from state agency administering CACFP	14.67%	11
Other (please specify)	4.00%	3

Participating ECE programs were asked an open-ended question to identify up to two (2) additional barriers and challenges not previously mentioned in the survey. These additional barriers are categorized below.

Participating Program Barriers

- **Paperwork:** The challenge of keeping up with tracking daily attendance and meals was most often mentioned by survey respondents, followed by difficulty with computerized reporting due to lack of equipment or lack of knowledge, and confusion about the paperwork needed during the enrollment process.
- **Setting and equipment issues:** Programs reported facing challenges with the cost of acquiring kitchen equipment and adequate storage space at their facilities for food and supplies.
- **Food issues:** While many programs found great value in the healthy food emphasized in CACFP, the cost of acquiring the food was cited as a barrier, along with difficulty in obtaining the food in bulk at a reasonable cost, especially in rural areas. Following a set menu was also a concern, as was meeting parents' expectations of culturally-appropriate food or special dietary needs.

Food waste was also mentioned as a barrier, as children sometimes do not show up as planned or do not like the food provided.

- **Financing and eligibility concerns:** Reimbursements that are not sufficient to cover the cost of the meal were mentioned most often as a barrier to implementing CACFP. Obtaining income statements from parents was also a concern.
- **Training issues:** Survey respondents identified better training as a need for ECE program staff to acquire a deeper understanding of CACFP. One example given was to better understand how the program affects the taxes paid by the ECE program.

Participating Program Challenges

The overarching **additional challenges** noted by survey respondents, which validated other survey responses, are summarized below.



- **Administration:** The primary CACFP administrative challenge reported by ECE programs was the time needed to complete the paperwork, from enrollment issues to the daily submission of meals served. Programs mentioned lack of administrative staff and support needed to manage these tasks and found it overwhelming.
- **Food concerns:** Maintaining menus with a variety of healthy food options was the challenge most often mentioned, along with meeting special dietary needs, addressing allergies, and avoiding food waste. Some programs also reported challenges with food storage and adequate kitchen equipment.
- **Financial:** Timely and low reimbursements were cited as challenges.
- **Staff issues:** Staff training was a primary concern of responding programs, especially concerning high turnover rates in childcare staff.

Sources of Funding

ECE programs currently participating in CACFP identified the major source of funding for their childcare program as private pay (69%), followed by childcare subsidy (60%).

Benefits of the Program

The benefits of CACFP participation, as identified by Nevada's participating ECE programs, are presented in Figure 6 below.

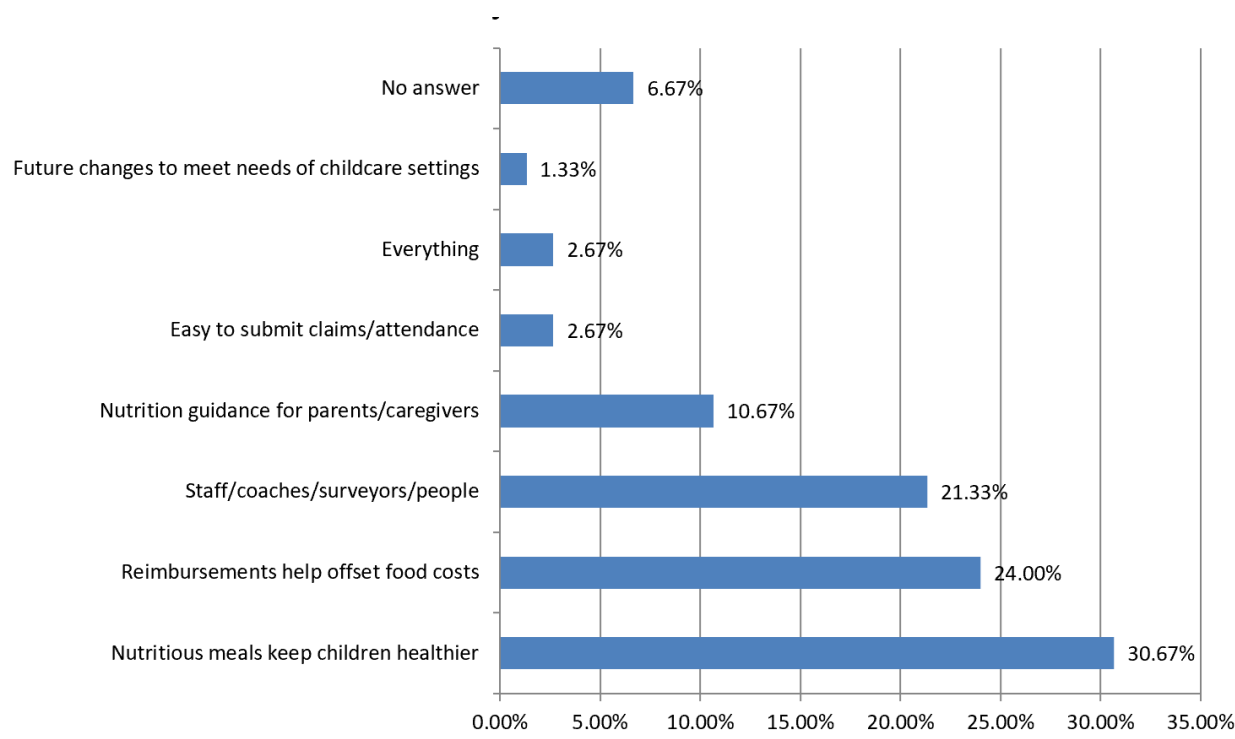


Figure 6: CACFP benefits most liked by Nevada's participating ECEs

Legislative or Policy Issues

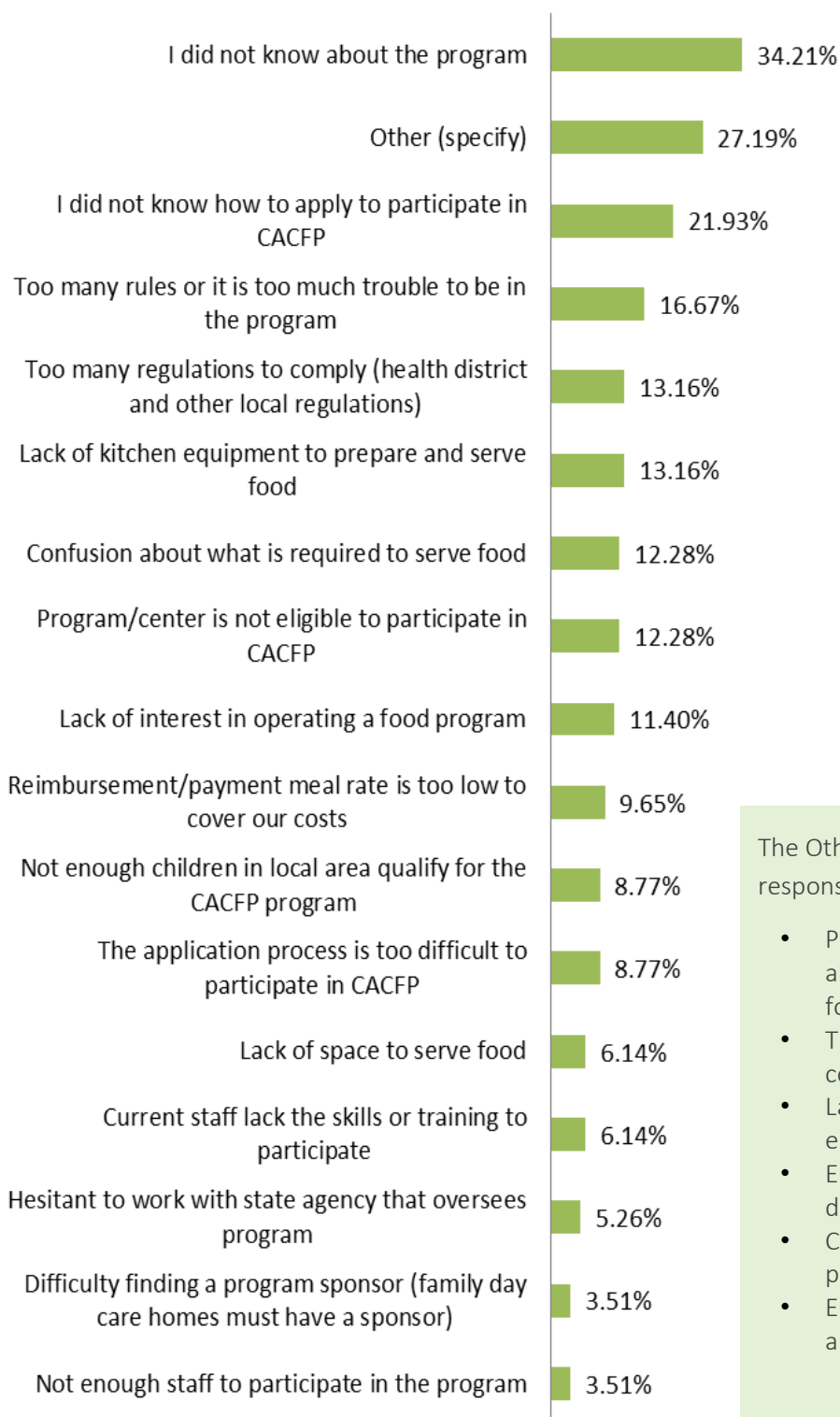
Participating ECE programs were asked if they were aware of any legislation or policy affecting their CACFP participation. One program responded yes but did not provide any details. The balance of the respondents indicated they were not aware of any legislation or policies impacting their participation in CACFP.

Follow-up Information

Finally, the participating ECE programs were asked if they were interested in receiving follow-up information about CACFP; 51% of the programs responded yes.

Perspectives of ECE Programs that Do Not Currently Participate in CACFP

The survey asked a series of questions directed only at the 137 survey respondents not currently participating in CACFP. Figure 7, on the following page, provides detailed information about why Nevada's ECE programs do not participate in CACFP.



The Other category includes 18 responses categorized as follows:

- Parents provide food to address allergies, dietary restrictions, or food preferences (6)
- The decision to participate is a corporate one (3)
- Lack of time to pursue enrollment in CACFP (3)
- ECE program does not operate during meal hours (2)
- Currently in the enrollment process (2)
- ECE program participates in another food program (2)

Figure 7: Reasons ECE programs do not participate in CACFP

Barriers and Reasons for Non-Participation

The non-participating ECE programs were asked to list the two (2) biggest barriers to their CACFP participation. The most frequently cited barriers were confusion or lack of knowledge about the program and not having enough children to qualify for CACFP, followed by program requirement burdens, paperwork, and lack of a proper kitchen, storage, or equipment.

The survey respondents were also asked to provide the two (2) most important reasons for their lack of participation in CACFP. The overwhelming reason cited by these programs was no knowledge or not enough knowledge about CACFP, followed by no interest in CACFP, a lack of enough low-income children to qualify, program requirements, and lack of kitchen space, equipment, storage, or health permit.

When asked if CACFP reimbursements were adequate to cover their costs to operate CACFP, 70% of the ECE programs indicated they were not adequate.

Funding Sources

ECE programs not currently participating in CACFP identified very similar sources of funding as participating programs. The non-participating programs indicated 73% of their funding derives from private pay (compared to 69% of participating programs), with the second major source of funding coming from childcare subsidy at 61% (compared to 60% of participating ECE programs).

Perception of Training and Technical Assistance

The ECE programs not currently enrolled in CACFP were asked about their perception of the training and technical assistance services provided to childcare programs by the NDA Food and Nutrition Program. Their responses, as indicated in Figure 8, reflect most respondents (77%) did not have enough information about these services to have an opinion.

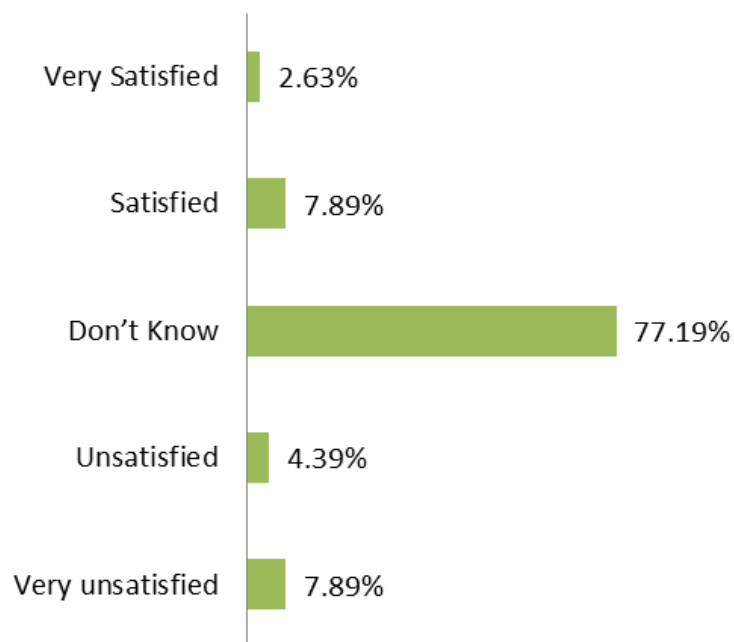


Figure 8: Level of satisfaction with support services

Legislative or Policy Issues

None of the non-participating ECE programs were able to identify any specific legislation or policy that impacted their decision about enrolling in CACFP.

Follow-up Information

The majority of the non-participating ECE programs (59%) indicated they would consider participating in CACFP in the future; 54% of these programs would like to receive follow-up information.

Opportunities

The results of the survey, including a comparison of those programs participating in CACFP with those that do not, indicate five (5) areas of opportunity that if addressed, could improve the participation of Nevada's ECE programs in CACFP.

Opportunities to Promote CACFP Participation per Survey Respondents



Streamline Administrative Requirements

- Review Federal program requirements to determine if there is flexibility to address paperwork requirements.
- Pursue additional resources to provide training and support to ECE programs to reduce the administrative burden of CACFP implementation.



Community Education Campaigns

- Conduct a public awareness campaign to promote CACFP among ECE programs.
- Provide on-going education and training opportunities to ECE programs to encourage participation in CACFP and promote its benefits.



Review and Standardize Food Permitting Regulations

- Increase communication between regulators and ECE programs to lessen confusion about food permitting regulations.
- Provide ongoing training, technical assistance, and financial support to ECE programs to upgrade kitchen equipment and address food storage and other concerns.

Opportunities to Promote CACFP Participation per Survey Respondents



Innovative Approaches to Incentivize use of CACFP

- Create a start-up funding mechanism to assist ECE programs in acquiring needed kitchen equipment.
- Increase support services available to new programs to assist in enrollment process and initial implementation challenges.





Reimbursement Rates





- Review reimbursement rates to determine if they can better address the cost of food, especially in rural areas.



CRITICAL ISSUES




Based on information provided by the key informant interviews and the Nevada ECE Programs Survey, the following critical issues were identified as strategies for improvement. A checkmark (✓) indicates the issue was identified by either key informants, through surveys, or both.

Critical Issues to be Considered			
	Key Informants	Survey	Critical Issues
	✓	✓	Administrative Requirements <ul style="list-style-type: none"> ▪ ECE programs lack administrative staff and computers/scanners to keep up with paperwork. ▪ Program rules are too rigid and ECE programs are not well-informed about them. ▪ Financial viability is too difficult. ▪ Home inspections are too intrusive.
	✓	✓	Knowledge About CACFP <ul style="list-style-type: none"> ▪ There is a general lack of knowledge about CACFP in ECE settings. ▪ There is confusion about CACFP and its enrollment and implementation policies. ▪ Ongoing training and technical assistance are needed due to constant staff turnover in ECE settings.

Critical Issues to be Considered			
	Key Informants	Survey	Critical Issues
	✓	✓	Food Permitting Regulations <ul style="list-style-type: none"> Food service regulations and permit fees are not aligned across the state.
	✓	✓	Financial Concerns <ul style="list-style-type: none"> Reimbursement rates are too low and are not provided in a predictable timeframe. There is a need for start-up funding, especially for smaller programs. Programs dislike collecting parental income statements.
	✓	✓	Food Preparation <ul style="list-style-type: none"> There is a lack of commercial kitchens, equipment, storage, and space to prepare food. Programs have difficulty with menus and food waste.
	✓	✓	Rural Issues <ul style="list-style-type: none"> Access to healthy food at an affordable bulk price is difficult in isolated rural areas. Reimbursements do not cover extra costs in rural areas.

STRATEGIES FOR IMPROVEMENT

The Steering Committee identified the following Strategies for Improvement after reviewing the information collected from the key informant interviews, survey data analysis, best practices, and identification of critical issues.

	Strategies for Improvement
	Streamline Administrative Requirements <ul style="list-style-type: none">▪ Review Federal and State program requirements to determine if there is flexibility to address eligibility, reporting of data, timing of payments, financial viability, and streamlining paperwork.▪ Pursue additional resources to provide training and support to ECE programs to reduce the administrative burden of CACFP implementation.
	Promote Community Education Campaigns <ul style="list-style-type: none">▪ Conduct a public awareness campaign to promote CACFP among ECE programs.▪ Engage community partners in a public education campaign around improving child nutrition, with an emphasis on CACFP in ECE settings.▪ Enhance training and technical assistance resources to educate ECE settings in a more systemic and comprehensive manner on menu planning, food management, and administrative requirements.
	Review and Standardize Food Permitting Regulations <ul style="list-style-type: none">▪ Consider creating a statewide workgroup of environmental health specialists and childcare experts to review NRS446.941 and potentially suggest changes, incorporating best practices.▪ Use the statewide workgroup to review county regulations and suggest consensus regulations.

Strategies for Improvement



Implement Innovative Approaches to Incentivize Use of CACFP

- Create a start-up funding mechanism to assist ECE programs in acquiring needed kitchen equipment.
- Review research on shared services model.
- Encourage CACFP sponsorships in low-income areas.
- Explore methods of assisting rural areas with bulk purchasing and specialized technical assistance.



APPENDIX A: BEST PRACTICE RESOURCES RELATED TO CACFP

Throughout the course of the study several resources related to healthy food and nutrition and obesity prevention were identified and are referenced below.

1. MyPlate

<https://www.choosemyplate.gov/>

This is a USDA Center for Nutrition Policy and Promotion website offering ideas and tips to help people create a healthier eating style that meets individual needs and improves health.

2. Food Research and Action Center (FRAC)

<http://frac.org/>

FRAC is a nonprofit that works to eradicate poverty-related hunger and undernutrition in the United States. Among the resources provided by its website are coordination, training, technical assistance, and support on nutrition and anti-poverty issues to a nationwide network of advocates, service providers, food banks, program administrators and participants, and policymakers. The FRAC website includes best practices from the Child and Adult Care Food Program (CACFP) in states across the country.

3. The U.S. Department of Agriculture (USDA)

<https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>

Through the USDA, CACFP provides aid to child and adult care institutions and family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children, and the health and wellness of older adults and chronically impaired disabled persons.

4. National CACFP Sponsor Association (NCSA or NCA)

<https://www.cacfp.org/news-events-conferences/conference-resources/>

The National CACFP Sponsor Association (NCA) provides education and support to CACFP sponsors of all sizes from across the country and improves communication between individual sponsors and between the sponsors and their supervising government agencies.

5. CACFP National Conference

<https://www.cacfp.org/news-events-conferences/conference-resources/>

The 2019 National CACFP Conference will be held on April 22-26 in Chicago, IL.

6. The Child Care Food Program Roundtable

<http://www.ccfproundtable.org/>

The Child Care Food Program Roundtable is dedicated to improving the health and wellbeing of children. They produce several events and publications to help make food programs more effective.

7. National Association for Family Childcare - NAFCC

<https://www.nafcc.org/>

NAFCC is a 501(c)(3) nonprofit membership association and is the only national professional association dedicated to promoting high-quality early childhood experiences in the unique environment of family child care programs.

8. The National Association for the Education of Young Children - NAEYC

<https://www.naeyc.org/>

NAEYC is a professional membership organization that works to promote high-quality early learning for all young children, birth through age 8 years, by connecting early childhood practice, policy, and research.

9. The USDA National Agricultural Library

<https://www.nal.usda.gov/fnic/general-information-and-resources-weight-and-obesity>

The National Agricultural Library of the United States Department of Agriculture offers general information and resources for weight and obesity.

10. The Children's Advocacy Alliance - CAA

<https://www.caanv.org/>

The Nevada Children's Advocacy Alliance (CAA) is a community-based nonprofit that works on issues such as ensuring children are safe from abuse and neglect, that every child enters school ready to learn, and that all children are healthy. CAA mobilizes people, resources, and reasons to create a better future for children.

APPENDIX B: KEY INFORMANT QUESTIONS

1. Please tell me about yourself (current role, number of years in position). How familiar are you/or what is your role or experience with the Child and Adult Care Food Program (CACFP) in Early Care and Education (ECE) settings?
2. On a scale of 1 – 5, how would you rank the importance of the following elements of the CACFP? (1 = not important, 2 = somewhat important, 3 = neutral, 4 = important, 5 = very important)
 - a. Providing nutritious meals and snacks to all children in an Early Care and Education setting
 - b. Setting an example of how to provide nutritious meals and snacks for parents as a prevention mechanism for child obesity
 - c. Making sure children, including those from low-income families, have access to healthy meals and snacks during their enrollment in ECE settings
 - d. Making sure children have access to nutritious foods that contribute to the wellness, healthy growth, and development of young children
 - e. Assisting ECE settings in recouping the cost of providing nutritious meals and snacks
3. On a scale of 1 – 5, how well do you think Nevada’s ECEs are using the CACFP? (1 = not well, 2 = somewhat well, 3 = neutral, 4 = well, 5 = very well)
 - a. Why did you give that rating?
4. What do you think are some of the most significant challenges in using CACFP in Nevada’s ECE settings?
5. What are the strengths of the CACFP and what seems to be working well in terms of its use in Nevada’s ECE settings?
6. What are the barriers faced by ECEs in accessing CACFP?
7. What are the barriers faced by ECEs in enrolling in CACFP?
8. What strategies do you think could be used in Nevada to enhance the use of CACFP in ECE settings?
9. Are there any geographic differences you’ve noticed in how CACFP is used in ECE settings in Nevada?
10. Are there demographic differences you are aware of related to CACFP use in Nevada?

11. Are you aware of any challenges faced by particular provider types (i.e. Child Care Center; Group Family Child Care; Family, Friend & Neighbor (FFN) Care)
12. If you had a magic wand and could change one thing about the CACFP to improve its use in ECE settings, what would it be?
13. Are you aware of any research or best practices to promote participation by ECE providers in CACFP?
14. Is there someone else we should talk to who would have a unique perspective on these issues?
15. What did I forget to ask, or is there anything else you would like to share?

Questions for ECE Health Inspectors

1. What has been your experience in working with child care programs serving food? (role, years of experience)
2. Can you describe the general process of becoming permitted as an ECE food service provider?
3. What regulations and tools do you rely upon when inspecting a child care program?
4. What are the fees for an ECE provider to become permitted in your jurisdiction?
5. What is working well in this process according to your experience?
6. What are the challenges in this process?
7. If you could change one thing to make the ECE food service permitting process work more effectively, what would it be?
8. Is there anything else you would like to add?

APPENDIX C: SURVEY QUESTIONS

Survey of Nevada Early Care and Education Programs

Section 1: Demographic Information

1. Name of Child Care Center/Program: _____
2. County: _____
3. Address: _____
4. Name of person completing survey: _____
5. Job title of person completing survey: _____
6. What is your gender? ☐ Male ☐ Female ☐ Other (Specify): _____
7. How long have you worked at this child care center/program? _____
8. Is your program licensed? ☐ Yes ☐ No
9. What type of setting is your program?
☐ Licensed Child Care Center
☐ Licensed Group Family Care
☐ Family, Friend & Neighbor Care
10. Total number of children in program: _____
 - a. Breakdown by age
 - i. Age 0-23 months: _____
 - ii. Age 24-35 months: _____
 - iii. Age 3-5 years: _____
 - iv. Over 5 years old: _____
11. Total number of staff: _____
12. Does your program provide snacks or food to children? ☐ Yes ☐ No
If yes, check all that apply:
☐ Breakfast Time: _____
☐ Morning snack Time: _____
☐ Lunch Time: _____
☐ Afternoon snack Time: _____
13. Have you ever heard of the Child and Adult Care Food Program (CACFP)? ☐ Yes ☐ No
14. Has your program ever participated in the CACFP? ☐ Yes ☐ No
15. Does your program currently participate in the CACFP program? ☐ Yes ☐ No

(If YES, go to Section 2; If No, go to Section 3)

Section 2: Participating in CACFP

1. How long have you participated in the CACFP program? _____
2. How would you rate your satisfaction in the CACFP program and the way it is administered by the state? (1-5 rating: very unsatisfied, unsatisfied, don't know, satisfied, very satisfied)
☐ 1 – Very Unsatisfied
☐ 2 – Unsatisfied
☐ 3 – Don't Know
☐ 4 – Satisfied
☐ 5 – Very Satisfied
3. How would you rate the process of enrolling in the CACFP program? (1-5 rating: very difficult, difficult, don't know, easy, very easy)
☐ 1 – Very Difficult
☐ 2 – Difficult
☐ 3 – Don't Know
☐ 4 – Easy
☐ 5 – Very Easy
4. What specific challenges did you encounter during CACFP enrollment? (check all that apply)
☐ Process took too long
☐ Asks for data that you do not have
☐ Lack of administrative support
☐ Financial viability requirements
☐ Other (specify): _____
5. What are the major challenges in operating your CACFP program? (check all that apply)
☐ Reimbursement/payment rate too low to cover costs
☐ Reimbursement/payment is not timely
☐ Too many rules to follow
☐ Too much paperwork to complete
☐ Not enough staff to operate the program
☐ Staff lack the skills or training to operate CACFP program
☐ Not enough children in area qualify for the CACFP program
☐ Lack the facilities for serving food
☐ Need to receive more support, guidance, training or technical assistance from state agency administering CACFP
☐ Other (specify): _____

6. If different from the previous list, what are the TWO biggest barriers to operating the CACFP program?

a. _____

b. _____

7. What are the TWO biggest challenges you face in operating the CACFP program?

a. _____

b. _____

8. What sources of funding does your child care program receive?

☐ Private payment

☐ Child care subsidy

☐ Medicaid

☐ Head Start

☐ Employer reimbursement/payment

☐ Other (specify): _____

9. Is the reimbursement or payment rate for meals served under the CACFP program adequate to cover your costs? ☐ Yes ☐ No

a. If not, how much higher should your reimbursement be? _____

10. If you could change one thing about the CACFP program, what would it be?

a. _____

11. What do you like most about the CACFP program?

a. _____

12. Are you aware of any legislation or policy impacting your participation in the CACFP? If so, what?

☐ Yes ☐ No

a. _____

13. Are you interested in receiving follow-up information on the CACFP program? ☐ Yes ☐ No



Thank you for completing the survey!

Section 3: Not Participating in CACFP

1. If you are not currently participating in the CACFP program, why not? Please check all that apply:

- ☐ I did not know about the program
- ☐ Program/center is not eligible to participate in CACFP
- ☐ Reimbursement/payment meal rate is too low to cover our costs
- ☐ I did not know how to apply to participate in CACFP
- ☐ The application process is too difficult to participate in CACFP
- ☐ Too many rules or it is too much trouble to be in the program
- ☐ Not enough staff to participate in the program
- ☐ Current staff lack the skills or training to participate
- ☐ Not enough children in local area qualify for the CACFP program
- ☐ Difficulty finding a program sponsor (family day care homes must have a sponsor)
- ☐ Lack of interest in operating a food program
- ☐ Hesitant to work with state agency that oversees program
- ☐ Lack of space to serve food
- ☐ Lack of kitchen equipment to prepare and serve food
- ☐ Too many regulations to comply (health district and other local regulations)
- ☐ Confusion about what is required to serve food
- ☐ Other (specify): _____

2. If different from the previous list, what are the TWO biggest barriers to operating the CACFP program?

a.

b.

3. What are the TWO most important reasons why you do not participate in the CACFP program?

a.

b.

4. Is the meal reimbursement or payment rate for the CACFP program adequate to cover your costs? ☐ Yes ☐ No
5. What sources of funding does your child care program receive?
- ☐ Private payment
 - ☐ Child care subsidy
 - ☐ Medicaid
 - ☐ Head Start
 - ☐ Employer reimbursement/payment
 - ☐ Other (specify): _____
6. The Food & Nutrition Division in the Nevada Department of Agriculture is the state agency responsible for administering the CACFP and other child nutrition programs. In general, how satisfied are you with the support (technical assistance, training, etc.) the agency provides to local programs? (1-5 rating: very unsatisfied, unsatisfied, don't know, satisfied, very satisfied)
- ☐ 1 – Very Unsatisfied
 - ☐ 2 – Unsatisfied
 - ☐ 3 – Don't Know
 - ☐ 4 – Satisfied
 - ☐ 5 – Very Satisfied
7. Has any legislation or policy (such as AB 152) impacted your willingness to participate in the CACFP program? If so, how? ☐ Yes ☐ No
- a- _____
8. Are you considering participating in the CACFP program in the future? ☐ Yes ☐ No
9. If you could change one thing about the CACFP program, what would it be?
- a- _____
10. If this change were made, would your center participate in the CACFP program? ☐ Yes ☐ No
11. Are you interested in receiving follow-up information on the CACFP program? ☐ Yes ☐ No



Thank you for completing the survey!